

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE:

GILBERTO GONZALEZ CRUZ  
YVETTE MARTINEZ SANCHEZ

DEBTORS

CASE NUMBER: 18-04884/MCF

CHAPTER 13

**DEBTORS' MOTION CONCERNING AMENDMENT TO  
SCHEDULE "E/F" OFFICIAL FORM 106E/F**

**TO THE HONORABLE COURT:**

**COME NOW, GILBERTO GONZALEZ CRUZ and YVETTE MARTINEZ SANCHEZ**, the Debtors through his undersigned attorney Counsel, and very respectfully state and pray as follows:

1. The Debtors hereby amend Schedule "E/F" to previously filed Schedule "E/F" Docket no. 1, pursuant to Rule 1009 of the Federal Rules of Bankruptcy Procedure and local Bankruptcy Rule 1009-1, for the purpose of: **included unsecured claim, account no. x6291, from creditor Metropolitan Life Insurance Company (MetLife Disability), PO Box 14681, Lexington KY 40512-4681, balance owed \$6,210.40.**

**WHEREFORE**, the Debtors pray that this Honorable Court take knowledge of said amendment and provide accordingly.

**NOTICE**

**Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.**

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Debtor's Motion Concerning Amendment to Schedule "E/F"  
Case no. 18-04884/MCF13

**CERTIFICATE OF SEVICE:** I hereby certify that on this date I electronically filed the above document with the Clerk of the Court using the CM/ECF System which sends notification of such filing to all those who in this case have registered for receipt of notice by electronic mail, including the US Trustee's Office and the Trustee. I further certify that the foregoing has been served by depositing true and correct copies thereof in the United States Mail, postage prepaid, to none CM/ECF participants: Debtors to their address of record; to the creditors affected by the amendment: Metropolitan Life Insurance Company (MetLife Disability), PO Box 14681, Lexington KY 450512-4681, and creditors and parties in interest as per the attached master address list.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 5<sup>th</sup> day of March, 2019.

/s/ Roberto Figueroa Carrasquillo  
RFIGUEROA CARRASQUILLO LAW OFFICE PSC  
USDC #203614  
ATTORNEY FOR PETITIONER  
PO BOX 186 CAGUAS PR 00726  
TEL 787-744-7699 / FAX 787-746-5294  
Email: rfigueroa@rfclawpr.com

<b>Fill in this information to identify your case:</b>			
Debtor 1	<b>GILBERTO GONZALEZ CRUZ</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>YVETTE MARTINEZ SANCHEZ</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</b>		
Case number (if known)	<b>3:18-bk-4884</b>		

☒ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	<b>AEELA</b> Nonpriority Creditor's Name  <b>PO Box 70290</b> <b>San Juan, PR 00936-8290</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1115</b> When was the debt incurred? <b>2014-08-05</b>  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$1,633.00</b>



Debtor 1 **GONZALEZ CRUZ, GILBERTO & MARTINEZ**  
Debtor 2 **SANCHEZ, YVETTE**

Case number (if known) **3:18-bk-4884**

<b>4.2</b>	<b>AFLAC</b> Nonpriority Creditor's Name  <b>1932 Wynton Road</b> <b>Columbus, GA 31999-0797</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>44B0</b> <b>\$91.80</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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<b>4.3</b>	<b>Baxter Credit Union</b> Nonpriority Creditor's Name  <b>340 N. Milwaukee Ave Vernon Hills</b> <b>Illinois, IL 60061</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5278</b> <b>\$144.16</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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<b>4.4</b>	<b>Internal Revenue Service</b> Nonpriority Creditor's Name  <b>PO Box 21126</b> <b>Philadelphia, PA 19114-0326</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8197</b> <b>\$1,438.00</b>  When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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Debtor 1 **GONZALEZ CRUZ, GILBERTO & MARTINEZ**  
Debtor 2 **SANCHEZ, YVETTE**

Case number (if known) **3:18-bk-4884**

4.5	<b>Island Finance</b> Nonpriority Creditor's Name  <b>PO Box 71504</b> <b>San Juan, PR 00936-8604</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5486</b> When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$2,060.00</b>
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4.6	<b>Island Finance</b> Nonpriority Creditor's Name  <b>PO Box 71504</b> <b>San Juan, PR 00936-8604</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2158</b> When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Debtor is Co-Debtor</b>	<b>\$282.72</b>
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4.7	<b>Metropolitan Life Insurance Company</b> Nonpriority Creditor's Name <b>MetLife Disability</b> <b>PO Box 14681</b> <b>Lexington, KY 40512-4681</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6291</b> When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	<b>\$6,210.40</b>
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Debtor 1 **GONZALEZ CRUZ, GILBERTO & MARTINEZ**  
Debtor 2 **SANCHEZ, YVETTE**

Case number (if known) **3:18-bk-4884**

<div>4.8</div> <div><b>Oasis Financial Services</b> Nonpriority Creditor's Name  <b>47 Gautier Benitez Ste 5</b> <b>Caguas, PR 00725</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number <b>8033</b> <b>\$6,542.00</b></div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.9</div> <div><b>T-Mobile</b> Nonpriority Creditor's Name  <b>12920 SE 38th St</b> <b>Bellevue, WA 98006-1350</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number <b>0789</b> <b>\$1,310.00</b></div> <div>When was the debt incurred? <b>2015-04-15</b></div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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<div>4.10</div> <div><b>Temple Univ Hospital</b> Nonpriority Creditor's Name <b>Episcopal Campus</b> <b>100 E Lehigh Ave</b> <b>Philadelphia, PA 19125-1012</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number <b>3614</b> <b>\$3,000.00</b></div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</div>
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Debtor 1 **GONZALEZ CRUZ, GILBERTO & MARTINEZ**  
Debtor 2 **SANCHEZ, YVETTE**

Case number (if known) **3:18-bk-4884**

<b>4.11</b> <b>Tribunal General de Justicia</b> Nonpriority Creditor's Name <b>Ofic Admin Tribunales</b> <b>PO Box 190917</b> <b>San Juan, PR 00919-0917</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8197</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other: Specify _____	<b>\$2,393.83</b>
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**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address <b>Departamento de Hacienda</b> <b>Bankruptcy Section</b> <b>235 Ave Arterial Hostos Ste 1504</b> <b>San Juan, PR 00918-1451</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.11</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>8197</b>

Name and Address <b>Departamento de Hacienda</b> <b>PO Box 9024140</b> <b>San Juan, PR 00902-4140</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.11</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	<b>8197</b>

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	25,105.91
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	25,105.91

Fill in this information to identify your case:			
Debtor 1	<u>GILBERTO GONZALEZ CRUZ</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<u>YVETTE MARTINEZ SANCHEZ</u>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</u>		
Case number (if known)	<u>3:18-bk-4884</u>		

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x

GILBERTO GONZALEZ CRUZ  
Signature of Debtor 1

Date 3.5.2019

x

YVETTE MARTINEZ SANCHEZ  
Signature of Debtor 2

Date 3.5.2019



Label Matrix for local noticing  
0104-3  
Case 18-04884-MCF13  
District of Puerto Rico  
Old San Juan  
Tue Mar 5 13:06:53 AST 2019

US Bankruptcy Court District of P.R.  
Jose V Toledo Fed Bldg & US Courthouse  
300 Recinto Sur Street, Room 109  
San Juan, PR 00901-1964

AFLAC  
1932 Wynton Road  
Columbus, GA 31999-0797

Banco Popular de Puerto Rico  
PO Box 362708  
San Juan, PR 00936-2708

Departamento de Hacienda  
PO Box 9024140  
San Juan, PR 00902-4140

(p)JEFFERSON CAPITAL SYSTEMS LLC  
PO BOX 7999  
SAINT CLOUD MN 56302-7999

Oasis Financial Services  
47 Gautier Benitez Ste 5  
Caguas, PR 00725-4160

Sistema de Retiro ELA  
PO Box 42003  
San Juan, PR 00940-2203

Temple Univ Hospital  
Episcopal Campus  
100 E Lehigh Ave  
Philadelphia, PA 19125-1012

JOSE RAMON CARRION MORALES  
PO BOX 9023884  
SAN JUAN, PR 00902-3884

BANCO POPULAR PR  
FORTUNO & RIVERA FONT LLC  
PO BOX 13786  
SAN JUAN, PR 00908-3786

AEELA  
PO Box 364508  
San Juan, PR 00936-4508

Asoc Res Comunidad Parq Las Hacs  
Parq Las Haciendas 100 Abacoa  
Caguas, PR 00727-7706

Baxter Credit Union  
340 N. Milwaukee Ave Vernon Hills  
Illinois, IL 60061

(p)INTERNAL REVENUE SERVICE  
CENTRALIZED INSOLVENCY OPERATIONS  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

LVNV Funding, LLC its successors and assigns  
assignee of GE Money Bank  
Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

Oriental Bank  
254 Ave Munoz Rivera # 15  
San Juan, PR 00918-1900

T Mobile/T-Mobile USA Inc  
by American InfoSource as agent  
PO Box 248848  
Oklahoma City, OK 73124-8848

Tribunal General de Justicia  
Ofic Admin Tribunales  
PO Box 190917  
San Juan, PR 00919-0917

MONSITA LECAROS ARRIAS  
OFFICE OF THE US TRUSTEE (UST)  
OCHOA BUILDING  
500 TANCA STREET SUITE 301  
SAN JUAN, PR 00901

ORIENTAL BANK AUTOS  
PO BOX 79552  
CAROLINA, PR 00984-9552

AEELA  
PO Box 70290  
San Juan, PR 00936-8290

Banco Popular de Puerto Rico  
Mortgage Servicing Department  
PO Box 362708  
San Juan, PR 00936-2708

Departamento de Hacienda  
Bankruptcy Section  
235 Ave Arterial Hostos Ste 1504  
San Juan, PR 00918-1451

Island Finance  
PO Box 71504  
San Juan, PR 00936-8604

Mueb Berrios  
PO Box 674  
Cidra, PR 00739-0674

PREPA - BANKRUPTCY OFFICE  
PO BOX 364267  
SAN JUAN PR 00936-4267

(p)T MOBILE  
C O AMERICAN INFOSOURCE LP  
4515 N SANTA FE AVE  
OKLAHOMA CITY OK 73118-7901

GILBERTO GONZALEZ CRUZ  
PARQUE LAS HACIENDAS D24 AYMANIO ST  
CAGUAS, PR 00727-7742

ROBERTO FIGUEROA CARRASQUILLO  
PO BOX 186  
CAGUAS, PR 00726-0186

YVETTE MARTINEZ SANCHEZ  
PARQUE LAS HACIENDAS D24 AYMANIO ST  
CAGUAS, PR 00727-7742

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Internal Revenue Service  
PO Box 21126  
Philadelphia, PA 19114-0326

Jefferson Capital Systems LLC  
Po Box 7999  
Saint Cloud Mn 56302-9617

T-Mobile  
12920 SE 38th St  
Bellevue, WA 98006-1350

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)ASOC RESIDENTES HACIENDA LOS PARQUES

(d)Oriental Bank-Autos  
PO BOX 79552  
Carolina, PR 00984-9552

End of Label Matrix	
Mailable recipients	30
Bypassed recipients	2
Total	32